APPLICATION DATA SHEET

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?

None

Title::

BIOPSY LOCALIZATION METHOD AND

DEVICE

Attorney Docket Number::

ARTM 1000-5US

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

2

Total Drawing Sheets::

3

Small Entity::

Yes

Petition included?::

No

Secrecy Order in Parent Appl.?::

No

Applicant Information

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

Richard

Middle Name::

Eustis

Family Name::

Fulton III

City of Residence::

Grand Junction

State or Province of Residence::

Colorado

Country of Residence::

US

Street of Mailing Address::

1556 Wellington Avenue

City of Mailing Address::

Grand Junction

Page 1

Initial 07/06/01

State or Province of Mailing Address:: Colorado

Postal or Zip Code of Mailing Address:: 81501

Applicant Authority type::

Inventor

Primary Citizenship Country:

U.S.

Status::

Full Capacity

Given Name::

William

Middle Name::

Richard

Family Name::

Dubrul

City of Residence::

Redwood City

State or Province of Residence::

California

Country of Residence::

US

Street of Mailing Address::

No. 1 Uccelli Boulevard

City of Mailing Address::

Redwood City

State or Province of Mailing Address::

California

Postal or Zip Code of mailing address:: 94063

Correspondence Information

Correspondence Customer Number::

22470

Representative Information

Representative Customer Number::	22470	

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
Application	Continuity Type	1 arent	1 arent imig
		Application::	Date::
This Application	Continuation of	09/366,360	06/18/99
09/366,360	Non-Provisional of	60/090,243	06/22/98
09/366,360	Non-Provisional of	60/092,734	07/14/98
09/366,360	Non-Provisional of	60/114,863	01/06/99
09/366,360	Non-Provisional of	60/117,421	01/27/99

Page 2

Assignment Information

Assignee Name:: Artemis Medical, Inc.

Street of Mailing Address:: 21021 Corsair Boulevard, Suite 100

City of Mailing Address:: Hayward

State of Province of Mailing Address:: California

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 94545